



## CLIENT NEEDS LIST AND RELEASE OF LIABILITY FORM

To best help those in the community, we need you to fill out this form citing any specific needs that you may have. If you have already filled out a form, please use this to update your needs.

Name: \_\_\_\_\_

Address Where Work is Needed: \_\_\_\_\_

*Please write directions (from the church) on the back of this paper.*

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

I need assistance with: This is an Existing structure \_\_\_\_\_ New Structure \_\_\_\_\_

\_\_\_\_\_ Debris removed from house \_\_\_\_\_ or yard \_\_\_\_\_

\_\_\_\_\_ Gutting the house (removing wet drywall, insulation, carpet, flooring, etc.)

\_\_\_\_\_ Small trees cut up and removed: Standing \_\_\_\_\_ Already down \_\_\_\_\_

\_\_\_\_\_ Cleaning the house \_\_\_\_\_ Mold Remediation \_\_\_\_\_

\_\_\_\_\_ General Carpenter work – Specify: \_\_\_\_\_

\_\_\_\_\_ Electrical – Specify: \_\_\_\_\_

\_\_\_\_\_ Plumbing – Specify: \_\_\_\_\_

\_\_\_\_\_ Dry Wall: Hang \_\_\_\_\_ Float & Tape \_\_\_\_\_

\_\_\_\_\_ Painting: Inside \_\_\_\_\_ Outside \_\_\_\_\_

\_\_\_\_\_ Finding Services: \_\_\_ Food, \_\_\_ Water \_\_\_ Clothing \_\_\_ Transportation

\_\_\_\_\_ Place to Stay

\_\_\_\_\_ Counseling for self or Family member \_\_\_ Help filling out paperwork

Other \_\_\_\_\_

Please write a detailed description of your needs on the back of this page if you need more room.

\_\_\_\_\_ I will have materials needed for these repairs      \_\_\_\_\_ I will need financial assistance

\_\_\_\_\_ I have all Permits needed for this work

There is \_\_\_\_\_ There is Not \_\_\_\_\_ Black Mold present on the worksite ----- \_\_\_\_\_ Don't Know

By signing below I authorize volunteers to enter my property to attempt to complete this work request. I further hold these volunteers and their organizations, the Catholic Church, Catholic Charities USA and the Archdiocese of Indianapolis and its' offices and all other non-profit organizations involved, harmless from any damage or injury that may occur to my property or person in the exercise of this work. I also give my permission for information deemed necessary for the repair of my home to be shared among these agencies and organizations.

Please return this to the local Catholic Charities Disaster Relief Office as soon as possible. We will contact you as we have volunteers available and we will try to help you as much as we can.

Signed (Property Owner): \_\_\_\_\_

Date Signed: \_\_\_\_\_